AME						D.		
	NDMENT 1	ΓRANSMI	TTAL LE	TTE	R		ocket No. 90-0581P	
Application	n No	Filing	Date		Examiner		Art Un	
10/760,461-Conf. #1408		January 21, 2004			R. Liang		2629	
olicant(s): Jun	SOMEYA et a	l.						
ention: LIQUIE	D-CRYSTAL DE	RIVING CIRCU	JIT AND M ET	HOD				
	313-1450 with is an ame				plication.			
ne fee has bee	n calculated an			_				
	Ciaims	CLAIM Highest	S AS AMENI	DED				
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present		Rate			
Total Claims	37	- 37 =	0	х	50.00		0.00	
Independent Claims	12	- 12 =	0	x	200.00		0.00	
	dent Claims (ch	eck if applicab	le)					
Multiple Depen	dent Claims (ch	eck if applicab	le)					
Multiple Depen	se specify):						0.00	
Multiple Depen							0.00	
Multiple Depen	se specify): IONAL FEE F				Small Entity		0.00	
Multiple Dependence Other fee (please TOTAL ADDIT x Large Entity	se specify): IONAL FEE F	OR THIS AME	NDMENT:		Small Entity		0.00	
Multiple Dependence Other fee (please TOTAL ADDIT X Large Entity X No addition	se specify): TONAL FEE FO	OR THIS AME	NDMENT:	n the a	Small Entity			
Multiple Dependence Other fee (please TOTAL ADDIT x Large Entity x No addition Please chal	se specify): TONAL FEE FO al fee is require	OR THIS AME	NDMENT: ndmentir	n the a				
Multiple Dependence Other fee (pleas TOTAL ADDIT X Large Entity X No addition Please char A duplicate	se specify): TIONAL FEE FO al fee is require ge Deposit Acc	OR THIS AME	NDMENT: ndmentir					
Multiple Dependence Other fee (please TOTAL ADDIT X Large Entity X No addition Please chai A duplicate A check in t	TONAL FEE Formal fee is require rge Deposit Accopy of this should be seen as the copy of the copy	ed for this ame count No.	NDMENT: ndment. ir d. is enclo					
Multiple Depen Other fee (pleat TOTAL ADDIT x Large Entity x No addition Please chai A duplicate A check in t Payment by x The Directo	TONAL FEE FO al fee is require rge Deposit Acc copy of this ship he amount of \$ r credit card. For r is hereby auth	or THIS AME of for this ame count No. eet is enclosed com PTO-2038	ndment. ir d. is enclo 3 is attached. rge and credit	sed. Depo	amount of \$			
Multiple Depen Other fee (pleat TOTAL ADDIT X Large Entity X No addition Please chain A duplicate A check in t Payment by X The Director	respecify): CIONAL FEE For all fee is require rege Deposit Accopy of this ship he amount of \$ 0 or credit card. For is hereby autil d below. A dup	or THIS AME of for this ame count No. eet is enclosed orm PTO-2038 horized to chai	ndment. ir d. is enclo 3 is attached. rge and credit	sed. Depo	amount of \$			
Multiple Depen Other fee (pleat TOTAL ADDIT X Large Entity X No addition Please chai A duplicate A check in t Payment by X The Director as describe X Credit a	se specify): CIONAL FEE FO al fee is require rge Deposit Acc copy of this shi he amount of \$ coredit card. Fi r is hereby auti d below. A dup any overpayment	on this ame count No eet is enclosed competitions c	ndmentir dis enclo 8 is attached. rge and credit this sheet is e	sed. Depo enclos	amount of \$ sit Account No sed.	02	2-2448	
Multiple Depen Other fee (pleat TOTAL ADDIT X Large Entity X No addition Please chai A duplicate A check in t Payment by X The Director as describe X Credit a	respecify): CIONAL FEE For all fee is require rege Deposit Accopy of this ship he amount of \$ 0 or credit card. For is hereby autil d below. A dup	on this ame count No eet is enclosed competitions c	ndmentir dis enclo 8 is attached. rge and credit this sheet is e	sed. Depo enclos	amount of \$ sit Account No sed.	02	2-2448	
Multiple Dependence of the Control o	al fee is require ge Deposit Accopy of this shi he amount of \$ credit card. F r is hereby autt d below. A dup any overpaymen any additional fil	or THIS AME of for this ame count No. eet is enclosed form PTO-2038 horized to char blicate copy of nt. ling or application	ndmentir dis enclo 8 is attached. rge and credit this sheet is e	sed. Depo enclos	amount of \$ sit Account No sed.	. 02	2-2448 16 and 1.17	
Multiple Depen Other fee (pleat TOTAL ADDIT X Large Entity X No addition Please chai A duplicate A check in t Payment by X The Director as describe X Credit a	al fee is require ge Deposit Accopy of this shi he amount of S or credit card. F r is hereby aut d below. A durany overpaymen any additional fil	on this ame count No eet is enclosed competitions c	ndmentir dis enclo 8 is attached. rge and credit this sheet is e	sed. Depo enclos	amount of \$ sit Account No led.	. 02	2-2448 16 and 1.17	
Multiple Depen Other fee (please TOTAL ADDIT Large Entity No addition Please chain A duplicate A check in I Payment by The Directo as describe Chad J. Billing Aktorney Reg BIRCH, STEW.	al fee is require ge Deposit Accopy of this shi he amount of S or credit card. F r is hereby aut d below. A durany overpaymen any additional fil	on this ame but for this ame but for this ame bount No. eet is enclosed in order to chan but for the	NDMENT: indment. if is enclo 3 is attached. ge and credit this sheet is e	sed. Depo enclos	amount of \$ sit Account No led.	. 02	2-2448 16 and 1.17	